

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000766

1. Entity Name  
LIFEEVENTS, L.C.

Principal Place of Business  
2640-A MITCHAM DRIVE  
TALLAHASSEE FL 32308

Mailing Address  
2640-A MITCHAM DRIVE  
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BISCHOFF, WILLIAM S ESQ.  
3691 DEXTER DRIVE  
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR  
NAME SHERIDAN, MICHAEL H  
STREET ADDRESS 3081 O'BRIEN DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ Delete

TITLE MGR  
NAME SHERIDAN, GLORIA J  
STREET ADDRESS 3081 O'BRIEN DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300003623818  
-02/02/01--01015--013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 JAN 24 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)